



**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU
WORKFORCE EDUCATION AND TRAINING (WET) DIVISION**

MARRIAGE AND FAMILY THERAPIST (MFT) CLINICAL VIGNETTE EXAMINATION

The WET Division announces a limited number of slots available, at a discounted rate, for the MHSA WET- funded Licensure Preparation Program (LPP) to qualified public mental health staff (DMH-operated and DMH-contracted programs).

Through the Association for Advanced Training in the Behavioral Sciences (AATBS), the following study package is now available:

AATBS MFT Clinical Vignette Combo Package Includes:

- Clinical Vignette Strategies Volume
- CaseMASTER - 226 questions associated with 39 different Exhibits – 3 months access
- Expert Phone Consultation – one on one assistance available with exam experts
- Live 1-Day Workshop – 8 hours of instruction covering exam content and strategies

Retail Value: \$499

MHSA-WET MFT participant price: \$50

Visit www.aatbs.com for more details about the package.

MFT Clinical Vignette Workshop date and location for March:

Chatsworth: Sunday, March 25th, 2012 (8am – 5pm PT)

(Phillips Graduate Institute – 19900 Plummer St., Chatsworth, CA 91311)

****** Limited space available. Application deadline: March 5, 2012**

***Mandatory attendance to the Live 1-Day Workshop is required for all
MHSA-WET MFT Clinical Vignette participants**

Take advantage of this opportunity today!

Eligibility:

- Must be in good standing with current employer; no disciplinary action within the last year
- Approved by the licensing board to take the licensure examination
- Must have successfully completed the MFT Standard Written Examination
- Currently providing a minimum of 65% of their time in direct clinical services in public mental health

Priority will be given to clinicians who meet at least one of following criteria:

- If applicable, licensure waived status with employer to expire within 12 months
- Previous attempt(s) at passing the MFT Clinical Vignette Examination

INSTRUCTIONS:

1. Please **scroll down** for the application form. Application form must be completed and faxed to Anna Perne, LCSW, at (213) 252-8775 or (213) 252-8776 by **March 5, 2012**,
2. Once approved, an e-mail approved confirmation will be sent to participants.
3. Participants will be given a phone number to register and pay the non-refundable fee of \$50 by VISA, American Express or MasterCard to AATBS.
4. AATBS will register the participants for the requested workshop and the study package will be mailed to the address provided on the application when payment is received.

CONTACT: Anna Perne, LCSW, E-mail: aperne@dmh.lacounty.gov



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Print Only

TITLE: LPP: MFT CLINICAL VIGNETTE EXAMINATION		DATE(S):
FIRST NAME:	LAST NAME:	
JOB TITLE:	DISCIPLINE:	ETHNICITY: <i>(optional)</i>
AGENCY:		PROGRAM:
MAILING ADDRESS FOR STUDY PACKAGE:		
CITY:	STATE:	ZIP
PHONE#:	E-MAIL: <i>(required for information)</i>	

LANGUAGE(S) FLUENCY, OTHER THAN ENGLISH: _____

Service area of employment, please circle 1 2 3 4 5 6 7 8
Have you taken the MFT Clinical Vignette Exam
previously? please circle yes no

If applicable, expiration date of licensure waived status with employer: _____

_____ is currently in a job position providing a minimum of 65% of his/her time in direct
Name of Applicant (Print) clinical services in public mental health and is currently in good standing with
his/her employer with no disciplinary action within the last 12 months. The
applicant also successfully completed the MFT Standard Written Exam and is
approved by the licensing board to take the MFT Clinical Vignette Exam.

_____ agrees to follow the following terms and conditions:
Name of Applicant (Print)

- Completes the licensure preparation program by attending the mandatory workshops and participates in all the offerings of the program.
- Provides Workforce Education and Training (WET) Division examination results and any other information relating to employment and promotional status.
- Understands that the mandatory workshops are to be taken on his/her own time.

When approved by the WET Division, participant must register and pay the non-refundable discounted fee of \$50 by VISA, American Express or MasterCard. (Contact name and number for registration will be given for those individuals who are approved.)

Return Application to:
Anna Perne, LCSW
WET Training Coordinator
Fax: (213) 252-8775 OR (213) 252-8776
E-mail: aperne@dmh.lacounty.gov
Phone: (213) 251-6422

Signature of Applicant	Date
Signature of Supervisor	Date
Name of Supervisor / Phone Number	
Email Address of Supervisor	